

AN ACT

1 Providing for the warm hand-off of overdose survivors to
2 addiction treatment, for a comprehensive warm hand-off
3 initiative; establishing the Warm Hand-Off Initiative Grant
4 Program; providing for consents and for immunity;
5 establishing the Overdose Recovery Task Force; and, providing
6 for overdose stabilization and warm hand-off centers, for
7 rules and regulations and for annual report.

8 The General Assembly of the Commonwealth of Pennsylvania

9 hereby enacts as follows:

10 Section 1. Short title.

11 This act shall be known and may be cited as the Warm Hand-Off
12 of Overdose Survivors to Treatment Act.

13 Section 2. Legislative findings.

14 The General Assembly finds and declares as follows:

15 (1) In 2017, 72,000 Americans died of drug overdoses,
16 quadrupling the number of fatal overdoses that occurred in
17 the year 2000 and making today's opioid epidemic the worst
18 epidemic in 100 years.

19 (2) First responders, including emergency medical
20 services providers, firefighters, law enforcement officers,

1 social workers, members of the recovery community and family
2 members, have heroically escalated their lifesaving overdose
3 reversal efforts, all resulting in many more lives saved and
4 many more overdose survivors entering the emergency health
5 care systems.

6 (3) First responders are reporting that many whose
7 overdoses are reversed are overdosing repeatedly, indicating
8 that most overdose survivors are not being successfully
9 transitioned to treatment and recovery support services,
10 placing themselves at grave risk of death, and causing
11 extraordinary strain and suffering to their families and
12 communities, including first responder and health care system
13 services.

14 (4) It is urgent that every effort be made to
15 successfully transition overdose survivors to treatment and
16 recovery support services, based on an individualized
17 assessment and application of clinical placement criteria.

18 Section 3. Purpose.

19 The purpose of this act is to:

20 (1) Ensure that effective practices are used by
21 emergency medical services providers so that overdose victims
22 are medically stabilized.

23 (2) Ensure that emergency medical services protocols are
24 used by emergency medical services providers and emergency
25 departments so that stabilized overdose survivors are
26 successfully transferred to appropriate treatment and
27 recovery support services, as determined by an individualized
28 treatment plan based on an assessment and clinical placement
29 criteria.

30 (3) Ensure that the Commonwealth works with all relevant

1 stakeholders to develop a network of overdose stabilization
2 and warm hand-off centers where emergency medical service
3 providers can directly transport overdose survivors for
4 medical stabilization, detoxification, assessment, referral
5 and direct placement to individualized treatment and recovery
6 support services.

7 (4) Ensure that the Commonwealth works with all relevant
8 stakeholders to ensure that the full continuum of addiction
9 treatment and recovery support services is available and
10 coordinated in order to facilitate each overdose survivor's
11 long-term individual process of recovery.

12 Section 4. Definitions.

13 The following words and phrases when used in this act shall
14 have the meanings given to them in this section unless the
15 context clearly indicates otherwise:

16 "Department." The Department of Drug and Alcohol Programs of
17 the Commonwealth.

18 "Detoxification facility." A facility licensed by the
19 department to engage in the process whereby an alcohol-
20 intoxicated, drug-intoxicated, alcohol-dependent or drug-
21 dependent individual is assisted through the period of time to
22 eliminate, by metabolic or other means, the intoxicating alcohol
23 or other drugs, alcohol and other drug dependency factors or
24 alcohol in combination with drugs as determined by a licensed
25 physician, while keeping the physiological risk to the patient
26 at a minimum.

27 "Drug." The following:

28 (1) An article recognized in the official United States
29 Pharmacopeia, official Homeopathic Pharmacopeia of the United
30 States, official National Formulary or any supplement of

1 those publications.

2 (2) An article intended for use in the diagnosis, cure,
3 mitigation, treatment or prevention of disease in humans or
4 animals.

5 (3) An article, other than food, intended to affect the
6 structure or any function of the body of a human or animal.

7 (4) An article intended for use as a component of any
8 article specified in paragraph (1), (2) or (3). The term does
9 not include devices or their components, parts or
10 accessories.

11 "Emergency department." A hospital emergency department, a
12 free-standing emergency department or a health clinic where the
13 clinic carries out emergency department functions.

14 "Emergency department personnel." A physician, physician's
15 assistant, nurse, paramedic, medical assistant, nurse aide and
16 other health care professional working in an emergency
17 department.

18 "Emergency medical services provider." As defined in 35
19 Pa.C.S. § 8103 (relating to definitions).

20 "Intervention services." Services provided by an individual
21 with training and knowledge about the system of substance use
22 disorder treatment options available in the local community and
23 who has specific expertise in interventions with overdose
24 survivors through a process where the substance user is
25 encouraged to accept help.

26 "Overdose." Injury to the body that happens when a drug is
27 taken in excessive amounts, which can be fatal or nonfatal.

28 "Recovery support services." Informational, emotional and
29 intentional support, including, but not limited to:

30 (1) Developing a one-on-one relationship in which a peer

1 leader with recovery experience encourages, motivates and
2 supports a peer in recovery.

3 (2) Connecting the peer with professional and
4 nonprofessional services and resources available in the
5 community.

6 (3) Facilitating or leading recovery-oriented group
7 activities, including support groups and educational
8 activities.

9 (4) Helping peers make new friends and build healthy
10 social networks through emotional, instrumental,
11 informational and affiliation types of peer support.

12 "Substance use disorder treatment provider." A substance use
13 disorder facility or treatment program that is licensed by the
14 Commonwealth to provide comprehensive alcohol or other drug
15 addiction treatment and recovery support services, with or
16 without the support of addiction medications, on a hospital,
17 nonhospital residential or outpatient basis. The term shall
18 include a physician with expertise in providing or coordinating
19 access to comprehensive detoxification, medication, treatment
20 and long-term recovery support services.

21 "Task force." The Overdose Recovery Task Force established
22 under section 8.

23 "Treatment." Substance use disorder treatment for alcohol or
24 other drug addiction with a substance use disorder treatment
25 provider in accordance with an individualized assessment and
26 clinical placement criteria.

27 "Warm hand-off." The direct referral and transfer of an
28 overdose survivor immediately after medical stabilization to:

29 (1) a licensed detoxification facility or other medical
30 facility for detoxification; or

1 (2) to a substance use disorder treatment provider, with
2 treatment matched to the individual's clinical needs, based
3 on a biopsychosocial assessment and application of clinical
4 placement criteria and coordinated with recovery support
5 services. The term includes face-to-face or other follow-up
6 contact with recent overdose survivors by first responders
7 and individuals providing intervention services to encourage
8 entry into treatment and the provision of harm reduction
9 services to overdose survivors who persistently refuse
10 referral and transfer to detoxification and treatment.

11 Section 5. Comprehensive warm hand-off initiative.

12 (a) Development.--The department shall collaborate with the
13 Department of Health and other appropriate State and local
14 agencies to develop a warm hand-off initiative to medically
15 stabilize overdose survivors and directly transfer the overdose
16 survivors to a detoxification facility, or other medical
17 facility, for detoxification or to a substance use disorder
18 treatment provider for recovery support services and a course of
19 treatment and recovery support, in accordance with an
20 individualized assessment and application of clinical placement
21 criteria, within one year of the effective date of this section.
22 The warm hand-off initiative shall include, but not be limited
23 to, the following:

24 (1) Partnerships between the department, local
25 administrators, regional administrators and emergency
26 departments as follows:

27 (i) The department shall direct its local
28 administrators and regional administrators to establish
29 partnerships with all emergency departments in their
30 respective localities and to assist those emergency

1 departments to implement warm hand-off procedures for
2 overdose survivors. Assistance may include, but not be
3 limited to, working with emergency departments to ensure
4 that intervention services are available in a timely
5 fashion.

6 (ii) Owners and operators of emergency departments
7 shall take reasonable steps to train and credential any
8 individuals providing intervention services, using the
9 facility's established credentialing process for staff
10 and vendors providing care, in order to facilitate
11 unhindered communication between the individual providing
12 intervention services and the overdose survivor.

13 (iii) The local administrators and regional
14 administrators shall regularly assess the network of
15 available detoxification facilities, medical facilities
16 providing detoxification services, substance use
17 treatment providers and recovery support services and
18 communicate the findings of the assessment information to
19 all individuals providing intervention services for
20 overdose survivors, so that a backlog of referrals does
21 not occur.

22 (iv) The local administrators and regional
23 administrators shall regularly assess the network of
24 services that address the needs of the families of
25 overdose survivors and shall work with emergency
26 departments to ensure that appropriate mechanisms are in
27 place to connect those families to needed services.

28 (2) Prioritizing overdose survivors for substance use
29 disorder treatment as follows:

30 (i) The department shall direct its local

1 administrators and regional administrators to include
2 overdose survivors as one of its prioritized populations
3 for Medicaid and Federal Substance Abuse Prevention and
4 Treatment Block Grant (SAPTBG) funding, in accordance
5 with individualized assessments and clinical placement
6 criteria.

7 (ii) The department shall work with its local
8 administrators and regional administrators and with
9 emergency medical services providers to gather the
10 following data, which shall be included in the patient
11 care reports and published and annually updated on the
12 department's publicly accessible Internet website:

13 (A) The number of individuals treated by
14 emergency medical services providers for overdoses.

15 (B) Levels of care and lengths of stay of
16 overdose survivors in Medicaid facilities and Federal
17 SAPTBG-funded treatment provider facilities.

18 (C) The number of Medicaid-funded and Federal
19 SAPTBG-funded overdose survivors in treatment who
20 received a lower level of care or shorter length of
21 stay than determined necessary by the physician or
22 the treatment provider using the required placement
23 criteria.

24 (D) Of the individuals identified in clause (C),
25 the number who received a lower level of care or
26 shorter length of stay in treatment than determined
27 necessary due to lack of funding, patients leaving
28 against medical advice and any other reasons
29 identified by the department.

30 (E) Any other trends or observations deemed

1 significant by the department or its local
2 administrators and regional administrators, which may
3 include possible correlation in variations of the
4 level of care and lengths of stay in treatment, with
5 geographic region, behavioral health managed care
6 organization, treatment program and other factors
7 considered.

8 (3) Training in effective warm hand-off protocols for
9 emergency medical services personnel as follows:

10 (i) The Department of Health, in collaboration with
11 the department, shall develop warm hand-off emergency
12 medical service protocols for emergency medical services
13 providers.

14 (ii) The curriculum required under subparagraph (i)
15 shall include:

16 (A) The most effective protocols to successfully
17 transport overdose survivors for medical
18 stabilization to emergency departments or, where
19 available, to overdose stabilization and warm hand-
20 off centers, as created by this act and approved by
21 the Bureau of Emergency Medical Services of the
22 Department of Health.

23 (B) Address the elements of addiction, stigma,
24 treatment referral, recommended safety procedures to
25 limit first responder exposure to the drugs involved
26 and effective strategies for immediate and
27 expeditious transport of the overdose survivor after
28 administration of an opioid overdose reversal drug in
29 order to maximize the likelihood of successful
30 transport of patients.

1 (C) Where an appropriate State or local agency
2 authorizes emergency medical services providers to
3 medically stabilize overdose survivors without
4 transportation to an emergency department or engages
5 emergency medical services providers to participate
6 in face-to-face or other follow-up contact with
7 recent overdose survivors to encourage entry into
8 treatment, the curriculum shall contain effective
9 protocols, including alliance with recovery support
10 services for the follow-up contacts, for successfully
11 performing these activities.

12 (iii) The curriculum shall be in compliance with the
13 standards of the Commission on Accreditation for
14 Prehospital Continuing Education and be approved by the
15 department and the Bureau of Emergency Medical Services
16 of the Department of Health. The trainings shall be
17 mandatory for all emergency medical services providers
18 and, in accordance with standards provided by the
19 Department of Health in consultation with the department,
20 shall require competency assurance of the necessary
21 cognitive, psychomotor and affective skills upon
22 completion of the program of instruction, as a condition
23 of licensure renewal.

24 (4) Training in substance use disorders, intervention
25 and referral to treatment for emergency department personnel
26 as follows:

27 (i) The Department of Health, in collaboration with
28 the department, shall promulgate a training curriculum in
29 the effective warm hand-off to treatment of drug overdose
30 survivors which shall address the basic elements of

1 addiction, stigma, referral to treatment, recovery
2 support services, the recovery community and effective
3 strategies for interacting with the recently reversed
4 overdose survivor to maximize the likelihood that there
5 will be a successful and immediate warm hand-off to
6 treatment. The curriculum shall also include harm
7 reduction strategies for individuals who decline
8 treatment.

9 (ii) The curriculum shall be approved by the
10 department and the Department of Health. The trainings
11 shall be mandatory for all emergency department personnel
12 and, in accordance with the standards set forth by the
13 Department of Health in consultation with the department,
14 shall require competency assurance of the necessary
15 cognitive, psychomotor and affective skills upon
16 completion of the program of instruction as a condition
17 of licensure renewal. The training may satisfy the
18 emergency department personnel's patient safety
19 continuing medical education requirements.

20 (b) Warm Hand-Off Initiative Grant Program.--The following
21 shall apply:

22 (1) The Warm Hand-Off Initiative Grant Program is
23 established for the purpose of incentivizing the development
24 of successful warm hand-off programs and operations
25 established under this act.

26 (2) The department may receive gifts, grants and
27 endowments from public or private sources as may be made from
28 time to time, in trust and otherwise, for the use and benefit
29 of the purposes of the Warm Hand-Off Initiative Grant Program
30 and expand the same or any income derived from it according

1 to the term of the gifts, grants or endowments. In addition,
2 the department shall aggressively pursue all Federal funding,
3 matching funds and foundation funding for the Warm Hand-Off
4 Initiative Grant Program. The money received under this
5 paragraph shall be deposited into a restricted account in the
6 State Treasury. Money in the restricted account shall be
7 appropriated to the department on a continuing basis.

8 (c) Emergency department implementation.--An emergency
9 department shall:

10 (1) Within six months of the effective date of this act,
11 the Department of Health shall require, as a condition of
12 licensure for the owner or operation of each emergency
13 department, a written report from each entity that meets the
14 standards required under this act, which shall include, but
15 not be limited to:

16 (i) A description of the emergency department's warm
17 hand-off procedures.

18 (ii) Certification from the local administrator or
19 regional administrator for the department of the
20 emergency department's partnership with the departments
21 local administrator or regional administrator to attain
22 the most effective possible warm hand-off outcomes.

23 (iii) The number of overdose patients:

24 (A) Treated in the emergency department.

25 (B) Screened to be in need of treatment.

26 (C) Successfully transferred to treatment.

27 (D) Refusing treatment and the reasons given.

28 (E) Who return to the emergency department on a
29 subsequent occasion.

30 (iv) The emergency department's action plan to

1 continue to improve warm hand-off outcomes.

2 (2) The reporting under this subsection shall be
3 required annually for five years following the effective date
4 of this section and biannually thereafter.

5 (3) The department and the Department of Health shall
6 develop and publish minimum warm hand-off protocol and
7 reporting requirements for emergency departments.

8 (d) Eligibility to be a provider and coverage for warm hand-
9 off initiative.--The following shall apply:

10 (1) The Department of Human Services shall require
11 emergency medical services providers with patient transport
12 capability, emergency departments and personnel working
13 within each of those entities to demonstrate compliance with
14 the requirements of subsections (a)(3) and (4) and (c) in
15 order to be eligible to be a participating provider in the
16 Medicaid network.

17 (2) The Department of Human Services shall establish and
18 provide reasonable and fair reimbursement rates approved by
19 the department for the services provided for under this act.
20 The rates shall include, but not be limited to, full and fair
21 reimbursement for:

22 (i) Emergency medical services providers
23 successfully transporting overdose victims for medical
24 stabilization at an emergency department or an overdose
25 stabilization and warm hand-off center.

26 (ii) Emergency medical services providers
27 successfully medically stabilizing an overdose survivor
28 and successfully transporting the individual to a
29 detoxification facility or overdose stabilization and
30 warm hand-off center.

1 (iii) Follow-up contact with recent overdose
2 survivors by emergency medical services providers or
3 others engaging in intervention services to encourage and
4 facilitate entry into treatment.

5 (iv) Intervention services and warm hand-off
6 services.

7 (v) Case management providing support, guidance and
8 navigation of the treatment and recovery systems.

9 (3) The reimbursement rates shall take into account the
10 providers' costs in meeting the training, data reporting and
11 other requirements of this act and shall be designed to
12 incentivize and reward positive outcomes for successful
13 medical stabilization of overdose victims and successful
14 assessment and transfer of these overdose victims to
15 clinically appropriate detoxification and treatment programs.

16 (e) Private health insurance coverage for warm hand-off
17 initiative.--The following shall apply:

18 (1) The Insurance Department, in consultation with the
19 department, shall require all health insurers providing
20 coverage in this Commonwealth to establish and provide
21 reasonable and fair reimbursement rates. The rates shall
22 include, but not be limited to, full and fair reimbursement
23 for:

24 (i) Emergency medical services successfully
25 transporting overdose victims for medical stabilization
26 at an emergency department or an overdose stabilization
27 and warm hand-off center.

28 (ii) Emergency medical services successfully
29 medically stabilizing an overdose survivor and
30 successfully transporting the individual to a

1 detoxification facility or overdose stabilization and
2 warm hand-off center.

3 (iii) Follow-up contact with recent overdose
4 survivors by emergency medical services personnel or
5 intervention specialists to encourage and facilitate
6 entry into treatment.

7 (iv) Intervention and warm hand-off services.

8 (v) Case management providing support, guidance and
9 navigation of the treatment and recovery systems.

10 (2) The reimbursement rates shall take into account the
11 providers' costs in meeting the training, data reporting and
12 other requirements of this act, and shall be designed to
13 incentivize and reward positive outcomes for successful
14 medical stabilization of overdose victims and successful
15 assessment and transfer of these overdose victims to
16 clinically appropriate detoxification and treatment programs.

17 (3) The Insurance Department shall require all health
18 insurers providing coverage in this Commonwealth to eliminate
19 preauthorization requirements for treatment in instances
20 where an overdose survivor is transported to treatment under
21 this act.

22 Section 6. Consents.

23 (a) General rule.--The attending physician in an emergency
24 department, or a physician's designee, shall make reasonable
25 efforts to obtain a patient's signed consent to disclose
26 information about the patient's drug overdose to family members
27 or others involved in the patient's health care.

28 (b) Exception.--If the consent cannot practicably be
29 provided because of the patient's incapacity or a serious and
30 imminent threat to a patient's health or safety, the physician,

1 or physician's designee, may disclose information about a
2 patient's drug overdose in compliance with applicable privacy
3 and confidentiality laws and regulations, including:

4 (1) The Health Insurance Portability and Accountability
5 Act of 1996 (Public Law 104-191, 110 Stat. 1936).

6 (2) 42 C.F.R. Part 2 (relating to confidentiality of
7 substance use disorder patient records).

8 (3) 45 C.F.R. Part 160 (relating to general
9 administrative requirements).

10 (4) 45 C.F.R. Part 164 (relating to security and
11 privacy).

12 (5) 42 U.S.C. § 290dd-2 (relating to confidentiality of
13 records).

14 (6) Any relevant State law related to the privacy,
15 confidentiality and disclosure of protected health
16 information.

17 (7) Any policies or regulations of the department
18 governing the care of protection of client information.

19 Section 7. Immunity.

20 (a) Emergency medical services agencies and providers.--
21 Absent evidence of a malicious intent to cause harm, no
22 emergency medical services agency or emergency medical services
23 provider may be held liable for medically stabilizing, or
24 attempting to medically stabilize, an overdose victim or for
25 transporting or attempting to transport an overdose victim for
26 medical stabilization.

27 (b) Emergency department personnel.--Absent evidence of a
28 malicious intent to cause harm, no emergency department
29 personnel providing intervention services or recovery support
30 services may be held liable for their efforts to have overdose

1 survivors properly assessed and directly transferred to
2 clinically appropriate detoxification facilities, to treatment
3 or to recovery support services.

4 Section 8. Overdose Recovery Task Force and overdose
5 stabilization and warm hand-off centers.

6 (a) Establishment.--The Overdose Recovery Task Force is
7 established. The task force shall consist of the following
8 members:

9 (1) The Secretary of Drug and Alcohol Programs or a
10 designee.

11 (2) The Secretary of Health or a designee.

12 (3) The Secretary of Human Services or a designee.

13 (4) The Secretary of Corrections or a designee.

14 (5) A representative from the following professional
15 associations in this Commonwealth:

16 (i) Law enforcement.

17 (ii) Fire departments.

18 (iii) Emergency medical services.

19 (iv) Behavioral health providers.

20 (v) Hospital administration.

21 (vi) Addiction treatment providers.

22 (vii) Certified peer recovery specialists.

23 (viii) Recovery organizations.

24 (b) Purpose.--

25 (1) The initial purpose of the task force shall be to
26 develop and implement overdose stabilization and warm hand-
27 off centers. Overdose stabilization and warm hand-off centers
28 shall be staffed locations that can medically oversee the
29 stabilization of overdose survivors, begin detoxification,
30 engage survivors with intervention specialists, complete full

1 addiction assessment and referral and connect and refer
2 survivors to all modalities and levels of treatment,
3 depending on the survivor's individual clinical needs.

4 (2) The overdose stabilization and warm hand-off centers
5 shall address the needs of survivors' families and utilize
6 them in the engagement and treatment of the survivors, as
7 appropriate.

8 (c) Expansion of current services.--The task force may
9 explore mechanisms to expand, where feasible, the function of
10 currently existing crisis health care facilities so that they
11 can serve as overdose stabilization and warm hand-off centers,
12 in addition to their current functions.

13 (d) Development of overdose stabilization and warm hand-off
14 centers.--The development and implementation of overdose
15 stabilization and warm hand-off centers undertaken by the task
16 force shall include:

17 (1) Identifying the areas that will benefit most from
18 placement of overdose stabilization and warm hand-off centers
19 through an analysis of population density and number of
20 overdose deaths.

21 (2) Creating the design, staffing structure operation
22 and operational protocols of the overdose stabilization and
23 warm hand-off centers, which may include consideration of
24 existing detoxification facilities with expanded capacity and
25 functions.

26 (3) Expanding the functions of currently existing crisis
27 health care facilities so that they can also serve as
28 overdose stabilization and warm hand-off centers.

29 (4) Identifying funding sources for overdose
30 stabilization and warm hand-off centers.

1 (5) Establishing a new licensing category to cover the
2 overdose stabilization and warm hand-off centers.

3 (e) Requirements.--The operations of each overdose
4 stabilization and warm hand-off center shall include, at a
5 minimum, the following:

6 (1) The capacity to safely medically stabilize and
7 manage the chronic non-life threatening medical needs of
8 overdose survivors.

9 (2) The ability to identify overdose survivors whose
10 medical situations are sufficiently complex to require
11 immediate transportation to an emergency department, based
12 upon developed protocols.

13 (3) State licensure as a medical, nonhospital
14 residential or hospital detoxification facility.

15 (4) Intervention services conducted by staff with
16 specific expertise in therapeutically engaging individuals
17 who have just survived an overdose.

18 (5) Treatment assessments with physicians or other
19 clinicians with certified expertise in undertaking drug and
20 alcohol assessments and applying appropriate clinical
21 placement criteria.

22 (6) Working relationships with treatment programs of all
23 modalities, including programs that provide family
24 preservation services, in the reasonable vicinity of the
25 overdose stabilization and warm hand-off center.

26 (7) Development of protocols and referral agreements to
27 govern the transfer of patients to and from emergency
28 departments and treatment programs.

29 (8) Access to direct transportation from the overdose
30 stabilization and warm hand-off center to treatment programs.

1 (f) Evaluation.--The task force shall periodically evaluate
2 the performance and effectiveness of the overdose stabilization
3 and warm hand-off centers and gather and make recommendations
4 for continuous quality improvements.

5 (g) Sections 6 and 7(b) shall apply to overdose
6 stabilization and warm hand-off centers.

7 Section 9. Rules and regulations.

8 The department, Department of Health and Department of Human
9 Services shall promulgate rules and regulations necessary to
10 implement their responsibilities under this act.

11 Section 10. Annual report.

12 (a) Provision.--The department, in consultation with the
13 Department of Health, shall provide an annual report to the
14 General Assembly documenting the following:

15 (1) Compliance with the requirements of this act.

16 (2) The number of overdose survivors successfully being
17 transferred to and engaged in treatment.

18 (3) The number of warm hand-off centers in operation.

19 (4) The total number of overdose victims each warm hand-
20 off center received.

21 (5) The total amount of funds awarded from the Warm
22 Hand-Off Initiative Grant Program in the previous year and
23 the amount each grantee received.

24 (b) Publication.--The annual report shall be published on
25 the publicly accessible Internet websites of the department and
26 the Department of Health.

27 Section 11. Severability.

28 The provisions of this act are severable. If any provision of
29 this act or application of this act to any individual or
30 circumstance is held invalid, the invalidity shall not affect

1 other provisions or applications of this act which can be given
2 effect without the invalid provisions or applications.

3 Section 12. Effective date.

4 This act shall take effect in 60 days.